

Supplementary Statement on the Significant Problems in the SORB 's Solutions to Classification and Data Collection

Raymond Knight, Ph.D.

There are two statements in the Commission's report on actuarial risk and data collection, one written by the SORB and one proposed by Guidry, Kinscherff, Knight, and Levy. The latter proposal did not prescribe any changes to the current procedures used to categorize sex offenders, but rather simply asked that empirical data be gathered to assess the reliability and validity of current practices. The commissioners representing the SORB and many of the other state agencies rejected this minimal request for empirical validation. In reality, the SORB's statement, couched in red herring criticisms of follow-up research and a naïve understanding of the possibilities of measuring "dangerousness," represents a rejection of the widely accepted scientific methodology for assessment in criminology, psychology, and psychiatry.

In the actuarial subgroup negotiations about the actuarial statement, the SORB representatives were unwilling to endorse as a starting point for compromise the basic psychometric principal that a measurement instrument cannot be considered to be reliable or valid unless it is empirically tested. Neither the original SORB 24-factor risk instrument nor their recent 38-factor revision has ever been tested for either reliability or validity. The use of such untested instruments to make critical decisions that have significant consequences for public safety and that result in serious collateral consequences for offenders is scientifically unconscionable.

One serious inaccuracy proffered in the SORB actuarial and data collection statement is that the recent revision of their classification methodology represents an implementation of "current scientific research." The purported "revision" did nothing to improve the psychometric characteristics of the instrument's individual factors or its rules for combination. The unquantified factors of the revision, like its predecessor, are often vague, riddled with potential clinical adjustments, and lacking concrete anchors for judgments of presence or absence. From a psychometric perspective few of these factors are likely to attain even minimal levels of interrater reliability, much less predictive validity. The SORB would not even agree to a simple, time-limited, inexpensive study to assess the reliability of their instrument.

The major claim that the 38 factors constitute an "updating" of the prior instrument rests on the claim that supportive empirical references have been made more current. Unfortunately, the SORB implemented an unscientific "cherry picking" strategy of simply searching for studies to support their factors. No consistent criteria were provided to indicate why a particular supportive study was chosen or rejected. A close analysis of their "support" studies reveals that a number do not even provide evidence for the factors they are said to support.

The current revised instrument is significantly psychometrically flawed. We proposed a variety of scientifically sound, retrospective studies that could serve as a basis for improving the decision criteria and process. These do not require the “eight to ten years” claimed by the SORB in their statement. The rejection of any steps to gather data to guide the improvement of a significantly flawed instrument and a questionable decision process is scientifically unacceptable and rejects the principle of best practices in decision making.